

<b>SUPPLEMENTAL APPLICANT INFORMATION</b>
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1. NAME (Last, First, Middle Initial)\_\_\_\_\_

2. Place of Birth (City, and State or Country)\_\_\_\_\_

3. I will accept the following types of employment:

\_\_\_ Permanent Full Time      \_\_\_ Permanent Part Time      \_\_\_ Temporary Full Time

\_\_\_ Temporary Part Time      \_\_\_ Term Full Time      \_\_\_ Term Part Time

4. My current status is the following:

\_\_\_ Family Member (specify below)

\_\_\_ of an active duty military member stationed in this area (submit copy of PCS orders).

WERE YOU MARRIED TO YOUR SPONSOR PRIOR TO RECEIPT OF PCS ORDERS AND INCLUDED ON THE ORDERS?    NO      YES    If your answer is NO, please answer the following:

a. Were you married to your sponsor after her/his PCS assignment?      NO      YES

b. Were you residing in the local area at time of your marriage?      NO      YES

c. Did you receive command sponsorship?      NO      YES

d. Date sponsor arrived: \_\_\_\_\_

e. Date you arrived: \_\_\_\_\_

\_\_\_ of a DoD civilian recruited from the United States (Submit copy of PCS orders).

\_\_\_ of a DoD civilian hired locally.

\_\_\_ are you residing with your sponsor?      NO      YES

\_\_\_ Not a family member of an active duty military member or a DoD civilian.

\_\_\_ Current/former active duty military member (submit DD-214, Member Copy 4).

\_\_\_ Current contractor employee

\_\_\_ with full SOFA status (Provide proof).

\_\_\_ no SOFA status.

5. (a) I am **currently** employed \_\_\_ NO \_\_\_ Yes, with \_\_\_\_\_

Title, Series, & Grade:\_\_\_\_\_

Current appointment is \_\_\_ Permanent \_\_\_ Temporary Not To Exceed (Date) \_\_\_\_\_  
(If currently employed, submit FS-50, NAF/AAFES equivalent personnel action)

\_\_\_ I am currently on LWOP not to exceed (date) \_\_\_\_\_  
(Submit SF-50, NAF/AAFES equivalent personnel action).

(b) I was **previously** employed in the commuting area \_\_\_ NO \_\_\_ Yes, with\_\_\_\_\_

Title, Series, & Grade:\_\_\_\_\_

Appointment Type:      \_\_\_ Permanent \_\_\_ Temporary Not To Exceed (Date) \_\_\_\_\_  
(If previously employed, submit FS-50, NAF/AAFES equivalent personnel action)

6. Contact information is: (Mark N/A if not applicable)

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_

APO Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Duty Location: \_\_\_\_\_

Sponsor's Relationship: \_\_\_\_\_ Sponsor's Grade/Rank: \_\_\_\_\_

Sponsor's Duty Phone: \_\_\_\_\_ Sponsor's DEROS: \_\_\_\_\_

7. US CITIZEN BY: Birth Naturalization

8. Do you have a place of residence in the US? NO YES If YES, give full address:

9. Do you have or have you ever had a local work permit? NO YES

10. Do you have experience working on the local economy? NO YES

11. Were your household goods shipped to the overseas area?

NO YES, the shipment was paid by: the US Government ( \_\_\_ Military / \_\_\_ Civilian)

Current Employer Myself

My Former Employer Other (Explain)

I understand if the above information changes, it is my responsibility to contact the Human Resources Office. Failing to do so may result in my missing job opportunities.

PRINTED NAME

SIGNATURE

DATE

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**This information is pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for employment. Chapter 33, Title 5 U.S. Code authorizes the Office of Personnel Management to prescribe any regulations necessary for employment purposes. If, however, you refuse to provide all the information required, you may reduce your chances of obtaining employment.**

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